



City of Corvallis
Finance Department
500 SW Madison Avenue
PO Box 1083
Corvallis, OR 97339-1083
Ph: (541) 766-6950
Fax: (541) 754-1729

Vendor: _____

Date: _____

DBA Name: _____

Vendor #: _____

Name to be printed on check: _____

Remit to

Address: _____

Email Address: _____

SUBJECT: Tax Status and Tax Identification Number

According to IRS regulations we must request that our vendors furnish us with their tax status and tax identification number for use in filing our IRS form 1099-MISC. A 1099-MISC form will not be filed if the total paid to an individual vendor does not exceed \$600.00 per year.

If you do not provide us with this information, the IRS requires us to withhold 31% of the amount due to you.

Please verify that your name above is as shown on your social security card and/or business name as it was used to apply for your EIN on IRS Form SS-4, and correct errors if necessary. Please note your payment will be mailed to above address unless noted. **Then complete the following information and mail or fax the completed form along with your payment terms to:**

City of Corvallis
ATTN: ACCOUNTS PAYABLE
P.O. Box 1083
Corvallis, OR 97339-1083
Fax: (541) 754-1729

TAX STATUS (Check one)

☐ Individual/Sole Proprietorship ☐ Incorporation, Date _____ ☐ Tax Exempt Organization
☐ Partnership ☐ Governmental Agency ☐ Other (explain) _____

TAX IDENTIFICATION NUMBER (Please Print or type)

Employer Identification Number: _____

or SS #: _____ - _____ - _____

Information Provided By: _____

Signature: _____

(Please Print Legibly)

Date: _____

Phone Number: _____ - _____ - _____

Fax Number: _____ - _____ - _____

Thank you for your cooperation,



Finance Department
500 SW Madison Avenue
PO Box 1083
Corvallis, Oregon 97339-1083
(541) 766-6990
Fax: (541) 754/1729

The City of Corvallis payment method is EFT (Electronic Funds Transfer).

This means that the city will deposit the money directly into your checking account and notify you by e-mail the amount and detail of the payment.

Here's how it works: You fill out the authorization form on this letter and mail it back to us with a voided check or voided check copy. You will receive notification of EFT payments to your account by e-mail.

If you have an EFT credit filter on your account, you will need to notify your bank that the City of Corvallis is authorized to credit your bank account. If you have questions please call 541-766-6729 ext. 5032.

If you change checking accounts you will need to notify the City by submitting a new form so that we may make the appropriate changes to deposit the money to the correct account.

You will be responsible for all fees that may be assessed by your bank for the receipt of an EFT payment. Contact your bank if you have any questions.

The City's checks are produced on the 10th, 20th and last day of the month, payment will be credited to your account within 2 banking days.

If you have questions please call Accounts Payable at 541-766-6950.

Form is on the back.

**City of Corvallis Accounts Payable
Authorization Agreement for Direct Deposit (EFT)**

I hereby authorize the City of Corvallis to initiate credit entries in the amount of monies owed by the City of Corvallis to the checking account number on the voided check below:

Vendor Name: _____

Remit Name: _____

Remit Address: _____

Contact Phone #: _____

E-mail address: _____

Contact Name: _____

Title: _____

Signature: _____

Attach voided check.